

**South Carolina Budget and Control Board
Lost Receipt Affidavit**

I hereby attest that a receipt is lost for the transaction detailed below. I understand that I may only be granted this privilege a maximum of three times in a fiscal year. Should a fourth episode occur, P-Card privileges will be suspended, at a minimum.

Vendor Name: _____

Date of Transaction: _____

Detailed Description of Purchase: _____

Amount of Transaction: \$ _____

Cardholder Signature

Date

Printed Cardholder Name

Cardholder Activity Reconciler Signature

Date

Printed Cardholder Activity Reconciler Name

Upon completion of signatures, forward to the Office Liaison for their review. The Office Liaison will forward to the Agency P-Card Administrator requesting approval.

Agency P-Card Administrator Signature

Date

Printed Agency P-Card Administrator Name

Please return completed document to Chris Reidenbach at SC Budget and Control Board, Internal Operations, 1201 Main Street, Suite 750, Columbia, SC 29201, or creidenbach@io.sc.gov